

POSITION	ID NO.	DATE
CLASSIFIER	5	10-18-96
EXAMINER	43817	10-23-96
TYPIST	405	10-30
VERIFIER	7W	10/30
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	7/29/97
1	8/3/97
2	1
3	
4	
5	
6	
7	
8	
9	✓
10	0
11	0
12	✓
13	
14	
15	
16	✓
17	0
18	0
19	✓
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	✓
32	0
33	0
34	✓
35	
36	
37	
38	✓
39	0
40	0
41	✓
42	✓
43	N
44	N
45	N
46	
47	
48	
49	N
50	N

SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Cancelled
- + Restricted
- .. Non-elected
- Interference
- A Appeal
- O Objected

Claim	Date
51	N
52	N
53	N
54	N
55	
56	N
57	
58	
59	
60	
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63	≡
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66	
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